

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-043515**

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1547-B

STATE FILE NUMBER

**FILED NOV 18 1963**

VS 300  
Rev. 4/59

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USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>                   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u>  |   | c. CITY OR TOWN <u>Springfield</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                     |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Mercy Villa</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>924 N. Main</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Ethel Grizzel</u>   |   | 4. DATE OF DEATH Month Day Year<br><u>November 8, 1963</u>  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11/5/1880</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Nurse</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retired</u>   | 9. AGE (last birthday)<br><u>83</u><br>IF UNDER 1 YEAR Months Days Hours Min.<br>IF UNDER 24 HR |
| 11a. BIRTHPLACE (City and state or country)<br><u>Virginia</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |   |
| 13a. FATHER'S NAME<br><u>Winfield Scott Grizzel</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Christiana Counts</u>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><u>NO</u>                                   |   |
| 16. SOCIAL SECURITY NO.<br><u>NO</u>   |   | 17. INFORMANT Address<br><u>J.L. Grizzel (Brother) Niangua, Mo.</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u><br>DUE TO (b) <u>Debility</u><br>DUE TO (c) <u>Arteriosclerosis generalized</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE   |   |
| 21. I attended the deceased from <u>24 Sept 1949</u> to <u>11/8/63</u> and last saw her alive on <u>6 Nov 1963</u><br>Death occurred at <u>3:30</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |   |   |   |
| 22a. SIGNATURE (Signature or title)<br><u>Stanley A. Peterson M.D.</u>   |   | 22b. ADDRESS<br><u>1211 S. Glenstone Springfield, Missouri</u>  |   |
| 22c. DATE SIGNED<br><u>11 Nov 63</u>   |   | 22d. LOCATION (City, town, or county) (State)<br><u>Conway, Missouri</u>  |   |
| 23. NAME OF CEMETERY OR CREMATORY<br><u>Conway Cemetery</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>Conway, Missouri</u>  |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>KLINGNER MORTUARY, INC. Springfield, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-13-63</u>   |   |
| 26. REGISTRAR'S SIGNATURE<br><u>Bernie Madley</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Bernie Madley</u>   |   |

jhc

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1964

11-11-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Max P. [Signature]*

Licensed Embalmer No. 4071

P. O. Address \_\_\_\_\_

*[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.